

**Peoples Health Choices 65-03** HMO-POS  
H1961-014-003

**Peoples Health Complete Care LA-7-01** HMO-POS C-SNP  
H1961-033-001

These plans are available in Assumption, Lafourche, St. Mary and Terrebonne parishes.

**Peoples Health Medicare Advantage Patriot No Rx LA** HMO-POS  
H1961-026-000

This plan is available statewide.

2027



A UnitedHealthcare Company



# Peoples Health

Founded in  
**1994**  
by medical providers and  
physicians in Louisiana

Focused on the needs of  
people with  
**Medicare**

Peoples Health enrolled its  
first members in  
**1997**  
and has consistently earned  
high ratings from Medicare.

## **We offer these Medicare plan types:**

Health Maintenance Organization (HMO-POS)  
Dual-Eligible Special Needs Plan (HMO-POS D-SNP)  
Chronic Condition Special Needs Plan (HMO-POS C-SNP)

Point-of-service (POS) option allows out-of-network dental  
services only. Those services may have higher costs.



# 2027 Plan Highlights: Choices 65-03, Complete Care LA-7-01 and Medicare Advantage Patriot No Rx LA



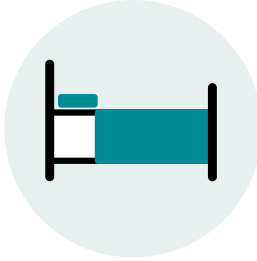
**\$0** Primary Care Provider & Telehealth Visits



UnitedHealth Passport® Program



Credit for Health & Wellness Items



**\$0** Home Health Care



**\$0** Preventive Dental\*



**\$0** Part B Vaccinations, Including for COVID-19<sup>†</sup>



Allowance for Routine Eyewear



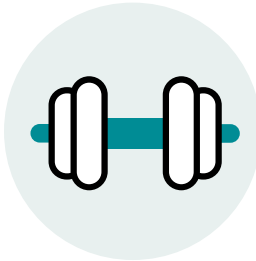
**\$0** Preventive Care Screenings



**\$0** Meals After Hospital Stay



Hearing Aid Coverage



**\$0** Fitness Benefit

\*Some plans may have a monthly premium for comprehensive dental services.

<sup>†</sup>If your plan offers Part D coverage, most adult Part D vaccines are covered at no cost to you.

# 2027 Plans Compared

## Compare Key Benefits

Choose the plan that fits your needs.



**Part B Premium Give Back**

**Choices 65-03**  
(HMO-POS)

**N/A**

**Complete Care LA-7-01**  
(HMO-POS C-SNP)

**N/A**

**Medicare Advantage Patriot No Rx LA**  
(HMO-POS)

**\$200/Month Back to You**



**\$0 Primary Care Visits**

**Yes**

**Yes**

**Yes**



**Out-of-Network Coverage**

**Dental Only**

**Dental Only**

**Dental Only**



**Over-the-Counter Items Credit**

**\$25/Quarter to Spend**

**\$80/Month to Spend**

**\$255/Quarter to Spend**



**Part D Prescription Drug Coverage**

**Yes**

**Yes**

**No**



**UnitedHealth Passport**

**Yes**

**Yes**

**Yes**

**For Peoples Health Complete Care LA-7:**  
You must have diabetes, chronic heart failure or a cardiovascular disorder to enroll in this plan.



# Peoples Health Choices 65-03 (HMO-POS) H1961-014-003

This plan is available in Assumption, Lafourche, St. Mary and Terrebonne parishes.

- **\$25 per quarter** credit for over-the-counter health & wellness items
- **Medicare Part D** prescription drug coverage
- **\$0** primary care provider visits
- **\$0** telehealth visits
- **UnitedHealth Passport program**  
Get coverage for plan-covered services while traveling outside the plan service area in the United States.



# Peoples Health Complete Care LA-7-01 (HMO-POS C-SNP) H1961-033-001

This plan is available in Assumption, Lafourche, St. Mary and Terrebonne parishes.

- **\$80 per month** credit for food\* and over-the-counter health & wellness items
- **Medicare Part D** prescription drug coverage
- **\$0** primary care provider visits
- **\$0** telehealth visits
- **UnitedHealth Passport program**  
Get coverage for plan-covered services while traveling outside the plan service area in the United States.

\*Members must meet eligibility requirements to spend the credit on healthy food.

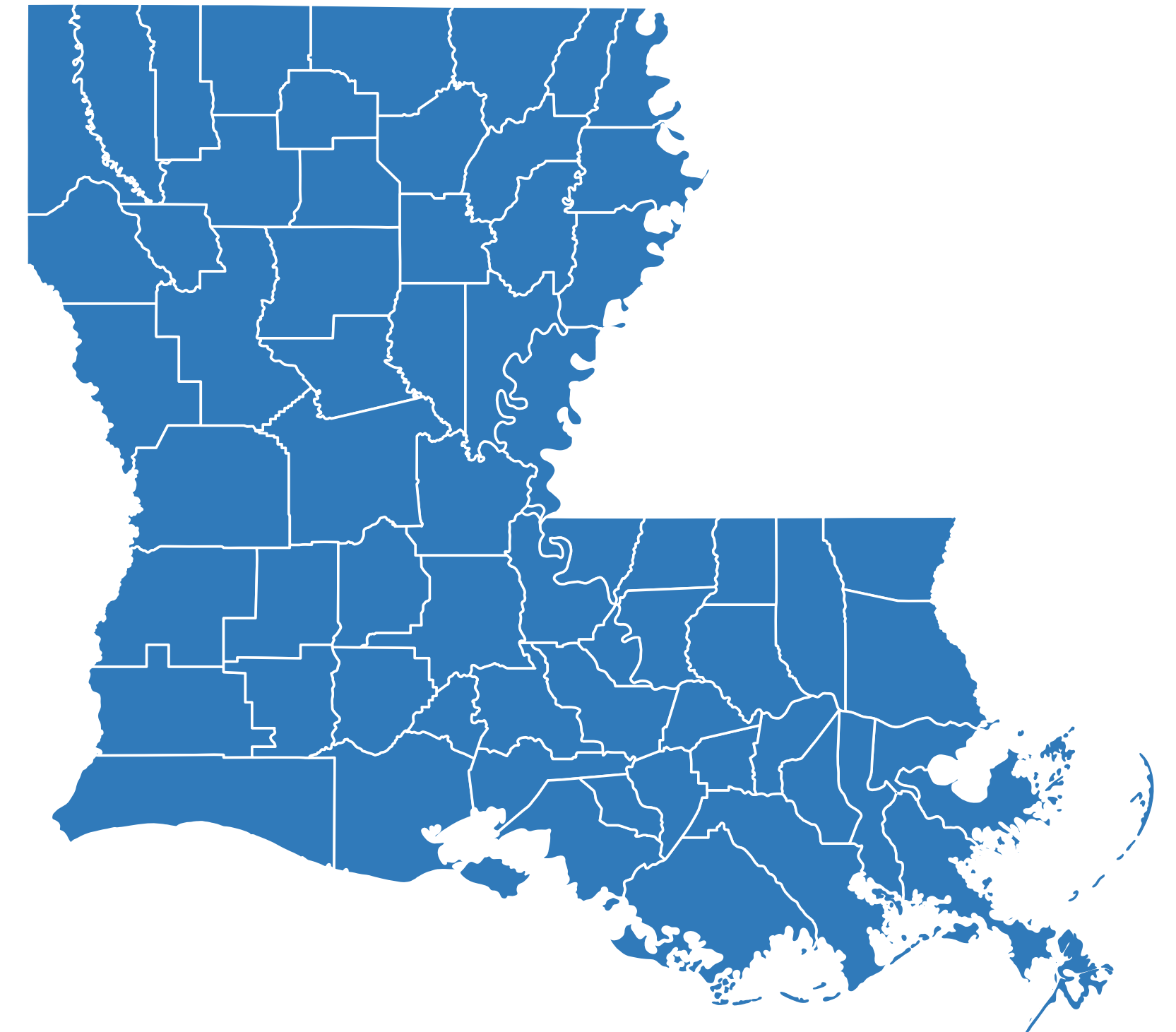


# Peoples Health Medicare Advantage Patriot No Rx LA

(HMO-POS) H1961-026-000

This plan is available statewide.

- **Benefit increase: \$200 per month Part B Premium Give Back**  
We pay part of your Medicare Part B premium, putting money back in your pocket.
- **Benefit increase: \$255 per quarter** credit for over-the-counter health & wellness items
- **\$0** primary care provider visits
- **\$0** telehealth visits
- **UnitedHealth Passport program**  
Get coverage for plan-covered services while traveling outside the plan service area in the United States.





|                                                          | Choices 65-03<br>(HMO-POS) | Complete<br>Care LA-7-01<br>(HMO-POS C-SNP) | Medicare Advantage<br>Patriot No Rx LA<br>(HMO-POS) |
|----------------------------------------------------------|----------------------------|---------------------------------------------|-----------------------------------------------------|
| Monthly Plan Premium                                     | \$0                        | \$0                                         | \$0                                                 |
| Part B Premium Give Back (amount paid by Peoples Health) | N/A                        | N/A                                         | \$200/month<br>(\$2,400/year)                       |
| Maximum Out-of-Pocket Costs                              | \$5,900                    | \$5,900                                     | \$6,700                                             |
| <b>Doctor Visits</b>                                     |                            |                                             |                                                     |
| Primary Care Provider Visit                              | \$0                        | \$0                                         | \$0                                                 |
| Specialist Visit*                                        | \$35                       | \$35                                        | \$40                                                |
| Telehealth Visit                                         | \$0                        | \$0                                         | \$0                                                 |
| <b>Preventive Care†</b>                                  |                            |                                             |                                                     |
| Pap Smears, Pelvic Exams, Mammograms                     | \$0                        | \$0                                         | \$0                                                 |
| Prostate & Colorectal Cancer Screenings                  | \$0                        | \$0                                         | \$0                                                 |
| Bone Mass Measurement                                    | \$0                        | \$0                                         | \$0                                                 |
| Vaccinations (COVID-19, flu, pneumonia, hepatitis B)     | \$0                        | \$0                                         | \$0                                                 |

\*Some network services, like visits to specialists, require a referral from the member’s primary care provider (PCP) to be covered. PCP choice can impact the specialists and hospitals the member will be able to see.

†Office visit copay may apply.

|                                                                    | Choices 65-03<br>(HMO-POS)         | Complete<br>Care LA-7-01<br>(HMO-POS C-SNP) | Medicare Advantage<br>Patriot No Rx LA<br>(HMO-POS) |
|--------------------------------------------------------------------|------------------------------------|---------------------------------------------|-----------------------------------------------------|
| <b>Labs &amp; Tests<sup>†</sup></b>                                |                                    |                                             |                                                     |
| Lab Services                                                       | \$0                                | \$0                                         | \$0                                                 |
| Diagnostic Procedures/Tests                                        | \$50                               | \$50                                        | \$25                                                |
| X-rays                                                             | \$30                               | \$25                                        | \$10                                                |
| Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)              | \$250                              | \$285                                       | \$95                                                |
| <b>Outpatient Surgery</b>                                          |                                    |                                             |                                                     |
| Surgery (ambulatory surgical center or outpatient hospital)        | \$290                              | \$250                                       | \$350                                               |
| <b>Inpatient Hospital Care per Admission</b>                       |                                    |                                             |                                                     |
| Inpatient Deductible                                               | \$0                                | \$0                                         | \$0                                                 |
| Inpatient Stay per Day                                             | \$290 days 1-10<br>\$0 days 11+    | \$250 days 1-10<br>\$0 days 11+             | \$350 days 1-8<br>\$0 days 9+                       |
| <b>Home Health &amp; Skilled Nursing Facility Care</b>             |                                    |                                             |                                                     |
| Home Health Care                                                   | \$0                                | \$0                                         | \$0                                                 |
| Skilled Nursing Facility Care per Day (semiprivate room and board) | \$0 days 1-20<br>\$221 days 21-100 | \$0 days 1-20<br>\$221 days 21-100          | \$0 days 1-20<br>\$221 days 21-100                  |

<sup>†</sup>Office visit copay may apply.

|                                                                        | Choices 65-03<br>(HMO-POS)                    | Complete<br>Care LA-7-01<br>(HMO-POS C-SNP)     | Medicare Advantage<br>Patriot No Rx LA<br>(HMO-POS) |
|------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------|-----------------------------------------------------|
| <b>Emergency Care, Urgent Care and Emergency Transportation*</b>       |                                               |                                                 |                                                     |
| Emergency Care                                                         | <b>\$130</b>                                  | <b>\$130</b>                                    | <b>\$130</b>                                        |
| Urgently Needed Care                                                   | <b>\$50</b>                                   | <b>\$50</b>                                     | <b>\$50</b>                                         |
| Emergency Ambulance Services (per one-way trip, ground or air)         | <b>\$350</b>                                  | <b>\$275</b>                                    | <b>\$275</b>                                        |
| <b>Outpatient Services &amp; Supplies</b>                              |                                               |                                                 |                                                     |
| Occupational Therapy Visit                                             | <b>\$35</b>                                   | <b>\$35</b>                                     | <b>\$40</b>                                         |
| Physical or Speech Therapy Visit                                       | <b>\$35</b>                                   | <b>\$35</b>                                     | <b>\$40</b>                                         |
| Durable Medical Equipment – DME (wheelchairs, oxygen, etc.)            | <b>20%</b> coinsurance                        | <b>20%</b> coinsurance                          | <b>20%</b> coinsurance                              |
| Diabetes Monitoring Supplies (DME provider or network retail pharmacy) | <b>\$0</b>                                    | <b>\$0</b>                                      | <b>\$0</b>                                          |
| <b>Mental Health &amp; Substance Abuse Treatment</b>                   |                                               |                                                 |                                                     |
| Inpatient Mental Health Care (per day)                                 | <b>\$290</b> days 1-7<br><b>\$0</b> days 8-90 | <b>\$250</b> days 1-10<br><b>\$0</b> days 11-90 | <b>\$350</b> days 1-6<br><b>\$0</b> days 7-90       |
| Outpatient Mental Health Visit                                         | <b>\$15</b> group<br><b>\$25</b> individual   | <b>\$15</b> group<br><b>\$25</b> individual     | <b>\$15</b> group<br><b>\$25</b> individual         |
| Substance Abuse Treatment Visit                                        |                                               |                                                 |                                                     |

\*Emergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition.



|                                                                                                                   | Choices 65-03<br>(HMO-POS) | Complete<br>Care LA-7-01<br>(HMO-POS C-SNP)                   | Medicare Advantage<br>Patriot No Rx LA<br>(HMO-POS) |
|-------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------|-----------------------------------------------------|
| <b>Additional Benefits Not Covered by Medicare</b>                                                                |                            |                                                               |                                                     |
| Credit for Over-the-Counter Health & Wellness Items                                                               | <b>\$25</b> /quarter       | <b>\$80</b> /month <i>(includes healthy food<sup>¶</sup>)</i> | <b>\$255</b> /quarter                               |
| Meals After Inpatient Hospital Stay (up to 28 meals over 14 days)                                                 | <b>\$0</b>                 | <b>\$0</b>                                                    | <b>\$0</b>                                          |
| Routine Eye Exam (1 per year)                                                                                     | <b>\$0</b>                 | <b>\$0</b>                                                    | <b>\$0</b>                                          |
| Eyewear - Frames/Lenses or Contact Lenses (1 pair per 2 years)                                                    | <b>\$200</b> credit        | <b>\$200</b> credit                                           | <b>\$450</b> credit                                 |
| Routine Hearing Exam (1 per year)                                                                                 | <b>\$0</b>                 | <b>\$0</b>                                                    | <b>\$0</b>                                          |
| Hearing Aids (prescription hearing aids, up to 2 per year)                                                        | <b>\$1,000</b> allowance   | <b>\$1,000</b> allowance                                      | <b>\$1,000</b> allowance                            |
| Dental – Preventive <sup>§</sup> (oral exams, cleanings and X-rays)                                               | <b>\$0</b>                 | <b>\$0</b>                                                    | <b>\$0</b>                                          |
| Platinum Dental Rider for Comprehensive Services                                                                  | <b>N/A</b>                 | <b>\$54</b> /month rider                                      | <b>N/A</b>                                          |
| Dental – Comprehensive/Restorative <sup>§</sup>                                                                   | <b>50%</b> coinsurance     | <b>50%</b> coinsurance                                        | <b>50%</b> coinsurance                              |
| Dental – Coverage Maximum                                                                                         | <b>\$3,000</b>             | <b>\$1,500</b>                                                | <b>\$5,000</b>                                      |
| Respite Care (12 sessions per year, up to 8 hours each, for members with dementia, including Alzheimer’s disease) | <b>\$0</b>                 | <b>\$0</b>                                                    | <b>\$0</b>                                          |
| Fitness Benefit                                                                                                   | <b>\$0</b>                 | <b>\$0</b>                                                    | <b>\$0</b>                                          |

<sup>¶</sup>Members must meet eligibility requirements to spend the credit on healthy food.

<sup>§</sup>Service periodicity limitations may apply. Member costs may be higher for out-of-network dental services.

Part D Prescription Drug Coverage

| Choices 65-03                |                                |                    | Complete Care LA-7-01          |                    |
|------------------------------|--------------------------------|--------------------|--------------------------------|--------------------|
| Deductible Stage             | \$595 deductible for tiers 3-5 |                    | \$505 deductible for tiers 3-5 |                    |
| Initial Coverage Stage       | 30-Day Supply                  | 100-Day Supply     | 30-Day Supply                  | 100-Day Supply     |
| Tier 1                       | \$0                            | \$0                | \$0                            | \$0                |
| Tier 2                       | \$0                            | \$0                | \$0                            | \$0                |
| Tier 3                       | 22% coinsurance                | 22% coinsurance    | 22% coinsurance                | 22% coinsurance    |
| Tier 3 Covered Insulin Drugs | Up to \$35                     | Up to \$105        | Up to \$25                     | Up to \$75         |
| Tier 4                       | 29% coinsurance                | 30-day supply only | 37% coinsurance                | 30-day supply only |
| Tier 5                       | 27% coinsurance                | 30-day supply only | 28% coinsurance                | 30-day supply only |

If you have a limited income, you may be eligible for Medicare’s Extra Help program.  
It could lower your costs for prescription drugs. Ask us about eligibility.

Part D drug coverage not offered with **Peoples Health Medicare Advantage Patriot No Rx LA**.

# 3 Stages of Part D Drug Coverage

Jan. 1

## Deductible

- During this stage, you pay the full cost of your tiers 3, 4 and 5 drugs until you reach the yearly deductible.

## Initial Coverage

- You pay a copay or coinsurance. The plan pays the rest.
- You stay in this stage until your total out-of-pocket drug costs reach \$2,400.

## Catastrophic Coverage

- The plan pays the full cost for your covered Part D drugs.
- You may pay costs for drugs covered under our enhanced benefit.
- You stay in this stage for the rest of the plan year.

Dec. 31



# Online Search Tools



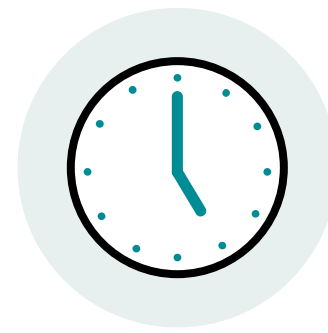
Check for covered drugs, tier levels and requirements, such as quantity limits or step therapy for certain drugs.



Find hospitals, pharmacies, physicians and other health care providers.



# When Can I Enroll?



Initial Enrollment Period (IEP)



Annual Enrollment Period (AEP)



Special Enrollment Period (SEP)  
for people who:

- Receive Extra Help or Medicaid and recently experienced a change in coverage eligibility
- Just moved into the service area
- Lost other coverage, such as employer group coverage
- Have certain chronic conditions
- Enter an institution or nursing home





# Thank you!

## **Live your best life with Peoples Health.**

We look forward to serving you.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. This information is not a complete description of benefits. Call us for more information. For Peoples Health Complete Care LA-7 (HMO-POS C-SNP): The healthy food benefit is a special supplemental benefit available only to chronically ill enrollees with a qualifying condition, such as diabetes, chronic heart failure and/or cardiovascular disorders, who also meet plan criteria indicating they are at high risk for hospitalization and eligible for intensive care coordination. The fitness benefits and gym networks vary by plan/area and participating locations may change. The fitness benefit includes a standard fitness membership at participating locations. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The Giveback benefit is a reduction on your Medicare Part B premium. You'll pay \$0 for Tier 1 and Tier 2 Part D-covered prescriptions across all payment stages when filling at a network pharmacy. Review your plan Drug List (Formulary) on [UHC.com/Medicare](https://www.uhc.com/Medicare) for a list of covered prescription drugs, including those on Tier 1 and Tier 2. Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Y0066\_27PHAEPSP\_C6503\_CCLA701\_MAPNORXLA\_M